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	PLEASE TYPE OR PRINT	Entered previous May Show
/	Ms. Mr. Artist Cavd	Adams no
	Permanent Address Street	(Last Name Last) Rain Panin Sula City
	Zip Area Code	657-2681
1	Temporary or Studio Address	
	Street Tel. ()	City
	Zip Area Code	
	If you do not presently live in a Western Reserve, which county	
	Collaborator(If Any)	
,	If May Show entries are not acc	
-	Museum should dispose of.	
	☐ Museum should ship to arti	
	Special Instructions When necessary include below how the object is to be assemb	
	1	

This entry blank must be fully made out and signed. Unsigned entry blanks will not be accepted.

Note carefully calendar for delivery and return of objects. It is understood that the Museum will have the right to dispose for its own account any objects not called for by the dates listed.

It is also understood that accepted objects will remain on exhibition until May 30, 1982.

The submission of objects will be construed as acceptance of all conditions printed in the entry information.

Signature _

DO NOT DETACH

1982 MAY SHOW The Cleveland Museum of Art Cleveland, Ohio 44106

CAROL AD	AMS	
Name		
2355 MAII		
Address		
DENINSULA	DH10	44264
City & State		Zip

4	☐ 1. Paintings	☐ 2. Graphics	☐ 3. Photography
	☐ 4. Sculpture	5. Crafts	

Title

NEW CELEBRATION I: YORK

DO NOT WRITE IN THIS SECTION	ACCEPTED	REJECTED
8 F/c		X

2	☐ 1. Paintings	☐ 2. Graphics	☐ 3. Photography
	☐ 4. Sculpture	5. Crafts	☐ 3. Photography

Title

BOXI: SPIRAL

DO NOT WRITE IN THIS SECTION	ACCEPTED	REJECTED
9 E/G	X	

This is your only receipt to claim your object(s).

It is understood that the Museum will have the right to dispose for its own account any object not called for by the dates listed.